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Behavioral Health EHR

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SOS
610 N. Silver St
Silver City, NM 88061

575-956-6131
575-956-6947

Use Note Creation Time

Clear Time

Set Date/Time

Attson, Stephanie

ID: 151 DOB: 8/18/1987

7/29/2023
1:18 PM

Case Management Note (SOS)

Presenting Problem:
Stephanie continues to experience anxiety.
Depressive symptoms continue.

Recent History: Client has a history of chronic homelessness, unemployment, anxiety, depression

Social Support Changes:
No changes in Stephanie's family or social support network have occurred.

Case Management Services for Stephanie were provided today as follows:
-Provided client her afternoon medications today.

Assessment:
Stephanie appears calm, friendly, downcast, attentive, communicative, casually groomed, normal weight, She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Affect is appropriate, full range, and congruent with mood.

Plan: Continue to accommodate client to the best of shelter abilities and continue to prompt client to continue participating in programming plans now being implemented by shelter staff.

History of Risk Factors:
*History of Alcohol or Substance Abuse

Current Risk Factors:
*Experiencing Severe Anxiety or Panic
*A Major Depression is Present
*Severe Financial Difficulty

Suicide Risk:
Based on the above risk factors, Stephanie's risk of suicide is considered Low. Fleeting thoughts may be present but there is no intention or plan.

2 Units for H2015 Comprehensive Community Support Services - HM, TV

Time spent face to face with patient and/or family and coordination of care: 30 min

Session start: 12:00 PM
Session end: 12:30 PM

Service Location

Audit Log

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